Conclusion

Not surprisingly, health literacy is starting to be addressed at both health policy and program levels in Australia. Both the Health and Hospitals Reform Commission Report and the National Primary Health Care Strategy outline key initiatives relating to health literacy. These include health professionals supporting patients to improve their health literacy skills to navigate the health system, engage in preventive activities, enhance self-management, and change risky lifestyle behaviours. Similar policy and program initiatives are also in development by state governments. For physiotherapists, who are recognised primary care clinicians and spend considerable time with patients delivering health information, particularly in the context of chronic condition management and post-surgical rehabilitation, these policy initiatives imply that clinicians will increasingly need to be familiar with health literacy concepts, measurement, and interventions to assist patients in seeking, understanding and utilising health information.

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Erratum

In Vol 55 No 3 there was an error in the results reported in the paper by Stevens et al (2009). The error occurred in the final page make up. The last two paragraphs of Column 1 p. 188 should be corrected as follows (corrected text in bold type):

Linear regression analysis was also performed to determine whether total amount of physical activity was predicted by revision hip arthroplasty. The regression coefficient for being in the revision group was –394.3 (95% CI –701.1 to –87.5). The regression coefficient for being in the revision group of –121.2 (95% CI –408.0 to –165.7) was no longer significant when age, gender, and Charnley group were added to the prediction equation, suggesting that these additional predictors **did** confound the relation between group and **total amount of physical activity** (Box 2). Revision group, age, gender, and Charnley group accounted for 18% of the variance in total amount of physical activity.

Finally, linear regression analysis was performed to determine whether total intensity of physical activity was predicted by revision hip arthroplasty. The regression coefficient for being in the revision group was –1153.7 (95% CI –2241.1 to –66.3). The regression coefficient for being in the revision group of –912.8 (95% CI –1989.1 to 163.6) was no longer significant when age, gender, and Charnley group were added to the prediction equation, suggesting that these additional predictors **did** confound the relation between group and **total intensity of physical activity** (Box 3). Revision group, age, gender, and Charnley group accounted for 9% of the variance in total intensity of physical activity.'

AJP apologises to the authors and to our readers.

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Stevens M, Hoekstra T, Wagenmakers R, Bulstra SK, van den Akker-Scheek I (2009) People who undergo revision arthroplasty report more limitations but no decrease in physical activity compared with primary total hip arthroplasty: an observational study. *Australian Journal of Physiotherapy* 55: 185–189.